ENGINEERING CHANGE NOTICE DART AEROSPACE LTD

Date:	17.06.16	Job No.: PI17-	PI17-799-01	799-01 ADR Yes/No:		ADR Date:	ECN #	17- 588
Product No.:	D139-799			Created By:	CV	Approved By:	EUN #	. 17- 300
Product Name:	Maintenance Kits Installations			Checked By:	DS	1		

Distribution		Resp	Initial / Date (YY/MM/DD)	
Director of Operations	Υ	JLM		
Production Planning Man. / Production Planner	Υ	MP MP		
Supply Chain Director / Purchasing Manager	Υ	RA/CL		
Production Engineering Coord.	Υ	DD		
Production Engineering Coord.	Ν	DL		
Customer Order Processing	N	SL		

Distribution	Reqd	Resp	Initial / Date (YY/MM/DD)	
DQA / QA Coord.	Υ	PS / ED		
QC Coordinator	Y	PD		
Customer Support	Υ	SW / LM		
Customer Technical Support	Y	MB / ML		
Marketing	Υ	WR		
Prod. Man. Solution Provider	Y	HM		

# Quality Assurance Actions Reqd Resp Notes CC # Notify Previous Customers Y MB Ornge needs a new kit. 11 2 Notify Eurocopter France N Ornge needs a new kit. 11 2 Notify Eurocopter France N Ornge needs a new kit. 11 3 Notify Augusta Westland N Ornge needs a new kit. 11 4 Manufacturing Licensing Agreement Update N Ornge needs a new kit. 11 5 Required Documents/Drawings/Item ID's Under Review (URF) N Ornge needs a new kit. 11 6 Update Master Document List (MDL) Y Ornge needs a new kit. 11 7 Update Master Document List (MDL) Y CV MDL-D139-799 Rev Q 11 7 Update Document Record (DR) N N Ornge needs a new kit. 11 8 Update Product Competability Matrix N N N N N N N N N N N N N N N N N N N											
Reason for Change: Design improvement Documents Affected: MOL.D199-799 Rev Q; IIN-D139-799 Rev M; ICA-D139-799 Rev 12 IF APPLICABLE: NCR: PAR: CAR: CIR: URF: PAPERWORK UPDATE X PARTS MUST COMPLY X PREVIOUS PARTS SATISFACTORY # Quality Assurance Actions Read Resp Notes CC 1 Notify Previous Customers Y MB Omge needs a new kit. 11 2 Notify Eurocopter France N N N N N N N N N N N N N N N N N N N											
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Description / Action: Drawings associated with MDL-D139-799 Rev Q have been previously released. PLUDIUS D5373 - 163890/163591 D5383 163130 LL J266-30											

ECN Verified & Complete: _____ Date: ____